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UTILITY		Attorne	ey Docket No.	5552550	1254	2					
PATENT APPLICATION		First In	LANKFOR								
TRANSMITTAL		Title Apparatus & Associated Method for			for	U.S					
(Only for new nonprovisional applications under	37 CFR 1.53(b))	Expres	s Mail Label No	o.			<u>6</u>				
APPLICATION ELEMENTS	3	ADI	DRESS TO:	Assistant Co Box Patent A		oner for Patention	tsc7 C7				
See MPEP chapter 600 concerning utility patent ap				Washington							
1. Fee Transmittal Form (e.g., PTO/SB/17 (Submit an original and a duplicate for fee processing)	e Transmittal Form (e.g., PTO/SB/17) 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)										
2. Applicant claims small entity status. See 37 CFR 1.27.				Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
3. Specification [Total Pages 20]			a. Computer Readable Form (CRF)								
- Descriptive title of the invention			b. Specification Sequence Listing on:								
 Cross Reference to Related Applications Statement Regarding Fed sponsored R & D 			i. CD-ROM or CD-R (2 copies); or								
- Reference to sequence listing, a table,											
or a computer program listing append - Background of the Invention	ıx	C.	Statements	verifying identi	ty of ab	ove copies					
- Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>)			ACCOMPANYING APPLICATION PARTS								
- Detailed Description	ieu)	Assignment Papers (cover sheet & document(s))									
Claim(s)Abstract of the Disclosure			37 CFR 3.73(b) Statement Power of								
F-3	heets 3	111.		<i>is an assignee_i</i> nslation Docum		→ Attorney applicable)					
4. Final Blawling(s) (35 0.3.0. 113) [Total Sheets			Information Disclosure Copies of IDS								
Statement (IDS)/P10-1449 — Oldations											
a. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) b. (for continuation/divisional with Box 18 completed)			14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
i. DELETION OF INVENTOR(S)			15. Certified Copy of Priority Document(s) (if foreign priority is claimed)								
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR			Nonpublication Request under 35 U.S.C. 122								
1.63(d)(2) and 1.33(b).			(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.								
6. Application Data Sheet. See 37 CFR 1.76			17. Other:								
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,											
or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:/											
Prior application information: Examiner:				Art Unit:							
For CONTINUATION OR DIVISIONAL APPS only: The	entire disclosure of the	he prior app	lication, from which	h an oath or dec	laration	n is supplied un	der				
Box 5b, is considered a part of the disclosure of the a The incorporation <u>can only</u> be relied upon when a por	tion has been inadve	rtently omit	ted from the submi	tted application	parts.						
DOMAN SS	19. CORRESPOND	ENCE ADI	DRESS								
Customer Number or Bar Code Label (Insert	Customer No. or Attach be	er code label h	or [✓ Correspo	ndence a	ddress below					
Name David B. Coc	nran, Esq.										
JONES DAY											
Address	North Point, 901 Lakeside Ave										
City Cleveland	Cleveland		State Ohio		Zip Code 44114						
Country USA	Tel	lephone	(216) 586-393	39 F	ax (2	16) 579-02 ⁻	12				
Name (Print/Type) David B. Coch	ran, Esq.	Reg	istration No. (At	torney/Agent)		39,142					
Signature	Q Corly	alle		Date	91	12/03					

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PTO/SB/17 (01-03)
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FEE TRANSMITTAL			Complete if Known							
LEE IKANSMITTA	L	Application Number								
for FY 2003			Filing Date 09			/16/2003				
Effective 01/01/2003. Patent fees are subject to annual revision		First Named Inventor Lankfo			ord					
		Exam	iner Na	ame						
Applicant claims small entity status. See 37 CFR 1.27		Art Ur	nit							
TOTAL AMOUNT OF PAYMENT (\$) 750.00		Attorney Docket No. 555255			55012542					
METHOD OF PAYMENT (check all that apply)	Π	FEE CALCULATION (continued)								
Check Credit card Money Other None	3. ADDITIONAL FEES									
Deposit Account:	I	Entity								
Denosit	Fee Cod		Fee Code	Fee (\$)	Fee	e Description	1	Fee Paid		
Account Number 501432 (555255012542)	1051	130	2051	65	Surcharge - la	ite filing fee or o	oath			
Deposit Account JONES DAY	1052	2 50	2052		Surcharge - la cover sheet	ate provisional f	filing fee or]		
Name The Commissioner is authorized to: (check all that apply)	1053	3 130	1053	130	Non-English s	pecification				
Charge fee(s) indicated below Credit any overpayments	•	2,520	1812 2		•		te reexamination	┝╼╾┤╽		
Charge any additional fee(s) during the pendency of this application	1804	920*	1804		Requesting pu Examiner acti	ublication of SIF on	R prior to			
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	5 1,840*	1805	1,840*	Requesting po	ublication of SII ion	R after			
FEE CALCULATION	1251	110	2251	55	Extension for	reply within firs	st month	1 11		
1. BASIC FILING FEE	1252		2252	205	Extension for	reply within se	cond month			
Large Entity Small Entity Fee Fee Fee Fee Fee Paid	1253		2253			reply within thi		<u> </u>		
Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$)	J	1,450	2254	725		reply within for		<u> </u>		
1001 750 2001 375 Utility filing fee 750.00	J	1,970	2255			reply within fift	in month			
1002 330 2002 165 Design filing fee	1401		2401		Notice of App					
1003 520 2003 260 Plant filing fee	1402 1403		2402		Request for o	in support of an	1 арреаі			
1004 750 2004 375 Reissue filing fee		1,510			•	ititute a public u	ise proceeding			
1005 160 2005 80 Provisional filing fee		2 110	2452			/ive - unavoidal				
SUBTOTAL (1) (\$) 750.00	l	3 1,300	2453			vive - unintentio				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1,300	2501			ee (or reissue)				
Ext <u>ra Claims below Fee Paid</u>	1502	2 470	2502	235	Design issue	fee				
Total Claims 20 -20** = 0 x 18.00 = 0.00 Independent Claims 2 -3** = 0 x 84.00 = 0.00		630	2503	315	Plant issue fe	ee				
		130	1460	130	Petitions to the	he Commission	ner	L		
Multiple Dependent =	1807	7 50	1807	50	Processing for	ee under 37 CF	R 1.17(q)	├ ──		
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806	180	1806			f Information D		├──		
Code (\$) Code (\$)	802	1 40	8021	40	property (time	ich patent assig	gnment per roperties)	<u> </u>		
1202 18 2202 9 Claims in excess of 20 1201 84 2201 42 Independent claims in excess of 3	1809	750	2809	375		nission after fina	al rejection			
1203 280 2203 140 Multiple dependent claim, if not paid	1810	750	2810	375	For each add	CFR 1.129(a)) each additional invention to be				
1204 84 2204 42 ** Reissue independent claims	400	4 750	2004	275	•	7 CFR 1.129(b)	•	 		
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	180 180		2801 1802		•		mination (RCE)	<u> </u>		
and over original patent	l	of a design application						├ 		
SUBTOTAL (2) (\$) 0.00		Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.0					(0) (0) 0.50			
**or number previously paid, if greater; For Reissues, see above	I Ke	auceu by	Jusic I	ining i	oo i alu	SUBTOTAL	. (3) (\$) 0.00			
SUBMITTED BY						(Complete ((if applicable)			
Name (Print/Type) David B. Cochran, Esq.		Registra (Attorney		39,	142	Telephone	(216) 586-3938			
Signature David Cadha						Date	9/12/	03		

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